



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <p style="text-align: center;">ingersoll-Rand Company 180 Cherokee Street, NE Marietta, GA 30060</p> <p style="font-size: 1.5em; margin-top: 20px;">07-1064 S+C</p>		B. Received by (Printed Name) C. Date of Delivery <p>Joanne P. Butler 2-17-7</p>	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7003 3110 0004 0800 3309	
PS Form 3811, August 2001		Domestic Return Receipt 102595-02-M-1540	

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1. Article Addressed to: <p style="text-align: center;">Emerson Electric Co. 180 Cherokee Street, NE Marietta, GA 30060</p> <p style="font-size: 1.5em; margin-top: 20px;">07W1064 S+C</p>		B. Received by (Printed Name) C. Date of Delivery <p>Joanne P. Butler 2-17-7</p>	
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		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7003 3110 0004 0800 3408	
PS Form 3811, August 2001		Domestic Return Receipt 102595-02-M-1540	